DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 6/13/15

PRINTED: 04/30/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445408	A. BUILDING 01 - MAIN BUILDING 01 B. WING	04/27/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SODDY-DAISY HEALTH CARE CENTER	701 SEQUOYAH ROAD SODDY-DAISY, TN 37379

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 045 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8 This STANDARD is not met as evidenced by: Based on observation, the facility failed to have general lighting and emergency power lighting provided for all exit discharges. The findings include: Observation on 4/27/15 at 8:45 AM revealed no general and emergency power egress lighting is provided for the exit discharge from the therapy department. This finding was verified and acknowledged by the administrator during the survey and exit conference on 4/27/15.	K 045	K045 1.) The Director of Maintenance contacted Direct Supply May 2, 2015, to obtain quotes on light fixtures needed to light the egress sited. Light fixtures were installed on May 22nd, 2015. 2.) The Maintenance Director audited the entire facility for proper compliance in regards to proper illumination of means of egress on April 28th, 2015. 3.) The Maintenance Director was in-serviced by the administrator on proper illumination of egress on April 28, 2015. The preventative maintenance program will include auditing the exit discharge lighting to ensure that it is in compliance. 4.) Audits of the preventative maintenance program, which include the assessment of the illumination of means of egress, will be performed by the Maintenance Director daily times 5 days and then weekly times 3 weeks and then monthly times 2 months and/or until 100% compliance.	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

NHA | 5-20-15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	445408	A. BUILDING _____ B. WING _____	01/28/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SODDY-DAISY HEALTH CARE CENTER	701 SEQUOYAH ROAD SODDY-DAISY, TN 37379

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			The Director of Maintenance will report results of compliance with illumination of means of egress audits to the Quality Assurance Performance Improvement meeting for 3 months or until compliance is achieved. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, Environmental and Unit Mangers.	

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K 052	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain all components of the fire alarm system. The findings include: Observation 4/27/15 at 10:00 AM revealed during the testing of the fire alarm, the audible devices were not working by room 127, 224, and 227. This finding was verified and acknowledged by the administrator during the survey and exit conference on 4/27/15. NFPA 72 4-3	K 052	K052 1.) The Director of Maintenance contacted Simplex on April 27th, 2015, to correct the identified audible devices. Simplex came to the facility and corrected the identified audible devices on May 5, 2015. 2.) The Maintenance Director audited all of the fire alarm audio devices throughout the facility to determine their compliance on April 28, 2015. 3.) The Maintenance Director was in-serviced by the Administrator on maintaining all components of the fire alarm system on April 28th, 2015. The preventative maintenance program will include auditing fire alarm audio devisees to ensure that they are in compliance. 4.) Audits of the preventative maintenance program, which include testing the fire alarm system to ensure the audio devices work correctly, will be performed by the Maintenance Director weekly time 2 weeks and then monthly times 3 months and/or until 100% compliance.	
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to	K 056		

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			The Director of Maintenance will report results of fire alarm audio device audits to the Quality Assurance Performance Improvement meeting for 3 months or until compliance is achieved. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, Environmental and Unit Mangers.	

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K 056	Continued From page 2 provide sprinkler protection in all rooms or spaces. The findings include: Observation on 4/27/15 at 9:25 AM revealed the outside mechanical equipment room is not provided with sprinkler protection. This finding was verified and acknowledged by the administrator during the survey and exit conference on 4/27/15. Reference: S&C-13-55-LSC	K 056	1.) The Maintenance Director contacted Chattanooga Fire Protection on April 27th, 2015, to come to the facility to ensure the mechanical equipment room had sprinkler protection. Chattanooga Fire Protection came to the facility and installed a sprinkler head in the mechanical equipment room on May 5, 2015. 2.) The Maintenance Director audited the entire facility for sprinkler protection to determine compliance on April 28, 2015. 3.) The Maintenance Director was in-serviced by the administrator on providing sprinkler coverage in all rooms or spaces in the facility on April 28, 2015. The preventative maintenance program will include auditing rooms to ensure there in compliance with sprinkler protection. 4.) Audits of the preventative maintenance program, which include sprinkler protection, will be performed by the Maintenance Director daily time 5 days and then weekly times 3 weeks and then monthly times 2 months and/or until 100% compliance.	
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786	K 130		
	This STANDARD is not met as evidenced by: Based on observation, the facility failed to protect all openings in fire rated assemblies. The findings include: Observation on 4/27/15 between 8:00 AM and 9:30 AM revealed the following locations had unsealed penetrations in fire rated assemblies: 1. The fire/smoke barrier in the attic by room 205 has an unsealed penetration. 2. The 1 hour fire rated ceiling in dietary at the dishwasher is damaged. 3. The 1 hour fire rated ceiling in the eye wash closet in laundry has an unsealed penetration. 4. The 1 hour fire rated ceiling in the electrical/generator transfer switch room in the service hall has unsealed penetrations around the			

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K 130	Continued From page 4 meet one of the following conditions: a. It shall be made on either side of the fire barrier. b. It shall be made by an approved device that is designed for the specific purpose.	K 130	4.) Audits of the preventative maintenance program, which include penetrations, will be performed by the Maintenance Director daily time 5 days and then weekly times 3 weeks and then monthly times 2 months and/or until 100% compliance. The Director of Maintenance will report results of penetration audits to the Quality Assurance Performance Improvement meeting for 3 months or until compliance is achieved. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, and Environmental.	

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K 130	Continued From page 3 electrical conduits that around penetrating through the ceiling. These findings were verified and acknowledged by the administrator during the survey and exit conference on 4/27/15. NFPA 101 8.2.3.2.4.2* Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows: (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) * Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met: a. The material shall be capable of maintaining the fire resistance of the fire barrier. b. The material shall be protected by an approved device that is designed for the specific purpose. (4) Where designs take transmission of vibration into consideration, any vibration isolation shall	K 130	1.) The Maintenance Director did the following things to resolve the outstanding items: (1) applied fire caulk to the penetration in the attic by room 205, (2) repaired the ceiling in dietary, (3) contacted Chattanooga Fire Protection on April 27, 2015, to address the unsealed penetration in the laundry eye wash station room. Chattanooga Fire Protection correct the penetration on May 5, 2015, (4) applied fire caulk around the electrical conduits. 2.) The Maintenance Director audited the entire facility on all openings to ensure they met fire NFPA 101 8.2.3.2.4.2 to determine compliance on April 28, 2015. 3.) The Maintenance Director was in-serviced by the administrator on NFPA 101 8.2.3.2.4.2 on April 28, 2015. The preventative maintenance program will include auditing rooms to ensure there in compliance with penetrations.	

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			The Director of Maintenance will report results of sprinkler coverage audits to the Quality Assurance Performance Improvement meeting for 3 months or until compliance is achieved. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, and Environmental.	5-27-15